

## Foster Family Home - Corrective Action Report

Provider ID: 1-160054

Home Name: Sheila Limon, CNA

Review ID: 1-160054-4

1122A Ahe Ahe Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 5/13/2019


**Foster Family Home**      **Required Certificate**      **[11-800-6]**

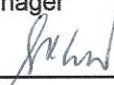
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/13/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

5/13/19  
Date

5/13/19  
Date